24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Senate Conservatives Fund	C C00448696
Check if 24-hour report 48-hour report New report Amends report fil	ed on MMM / DDD / YTYTY
Full Name of Payee Senate Conservatives Fund	Date of Public Distribution/Dissemination
	04 30 2014
Mailing Address PO Box 388	Amount
City State Zip Code	1026.90
Alexandria VA 22313-0388	Transaction ID: EB2420CFA371D4EEDADI Date of Disbursement or Obligation
Purpose of Expenditure IE-Sasse-Online Processing Category/ Type	04 30 / 2014
Name of Federal Candidate Support Of	fice Sought: House District:
Benjamin E Sasse Oppose	President X Senate State: NE
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Of	fice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	1026.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1026.90
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Paul Kilgore	M M / D D / V V V
[Electronically Filed] Date	05 01 2014
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